PTO/SB/17 (16-6e)
Approved for use through 06/39/2010, CM6 965 4/032
U.S. Petient and Trademark Office, U.S. DEPARTMENT OF COMMERCE and to a collection of information unless a displays a valid QMB control number. Under the F sperwork Reduction Act of 1995, no person are required to resp

Effective on 12/18/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEI: TRANSMITTAL				Complete if Known					
				Application Num	0/562,152-Cd	152-Conf. #6578			
				Filing Date		February 21, 2008			
For FY 2009				First Named Inventor		Sung-Nack LEE			
				Examiner Name		C. R. Tate			
X Applicant claims small entity status. See 37 CFR 1 27			Ī	Art Unit	655	5			
TOTAL AMOUNT OF PAYMENT (\$) 555.00				Attorney Docket	662-0199PU	62-0199PUS1			
METHOD OF PAYMENT (c)	neck all th	et anniv)							
X Deposit Account Name. Birch, Stewart, Kolasch & Sirch, ELP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
(ring)									
x Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EXAMINATION FEES									
		FEES imall Entity	SEA	RCH FEES Small Entity	EXAMIN	ATION FEES Small Entity			
Application Type Fe	ee (S)		Fee (\$)	Fee (\$)	Fee (\$)	Fee (S)	Fees !	Paid (\$)	
Utility	330	165	540	270	220	110			
Design	220	110	100	50	140	70			
	220	110	330	165	170	85			
	330	165	540	270	650	325			
Provisional	220	110	ė.	0	0	0			
2. EXCESS CLAIM FEES							***************************************	Small Entity	
Fee Description							Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissnes)							52	26	
Each independ int claim over 3 (including Reissues)							220	110	
Multiple dependent claims							390	195	
Total Claims Extra Claims Fee (\$) F.			Fee	ne Paid (\$) <u>Multiple Depe</u> Fee (\$)			ent Claims Fee Paid (\$		
HP = highest number of total claims pa	aid for, if gre	ater than 20.							
				e Paid (\$)					
3 -3 or HP = HP - highest number of independent of	X Islams need F	or if greater than	3						
3. APPLICATION SIZE FEE									
If the specific stion and drawin	gs exceed	100 sheets of	paper (excluding electro	mically file	ed sequence or	computer		
listings under 37 CFR 1.52s sheets or fraction thereof. 5					or small en	tity) for each a	dditional 5	0	
	Sheets			ditional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)	
- 10C =	/5	io =		fround up to a who	le number; ;		4	************	
4. OTHER FEE(S)							Fees	Paid (\$)	
Non-Englis i Specification,									
Other (e.g., late filing surchs	rge): 225	3 Extension	for res	ponse within th	ird month		5	55.00	
SUBMITTED 8Y	17	a . j.		Total booking No.					
Signature	568	1		Registration No 'Asomey:Agent)	39,538	Telephone			
Name (Print/Type) James T. Elle	er, Jr.					Date	June 29	. 2009	